

PILOT AGENCY APPLICATION
New Foster Care Home Visit Checklist

Public and Private Child-Placing Agencies

1. Name of Agency:
2. Contact Person:
3. Address:
4. Phone Number:
5. Number of Children in Custody: N/A
6. Number of Children in Family Foster Care:
7. Number of Children in Therapeutic Foster Care:
8. Number of Licensed Family Foster Homes Supervised by Your Agency:
9. Number of Licensed Therapeutic Foster Homes Supervised by Your Agency:
10. Number of Foster Care Social Workers:
11. Number of Licensing Workers:
12. Describe the Administrative Structure for your Foster Care Program (Number of Administrators, Supervisors, Program Managers):
13. Describe how your agency will include foster parents in this process:
14. Below are the expectations for agencies participating in this pilot. Indicate your willingness for
 - A. Agency foster care and licensing staff to attend 1-2 training sessions
Yes ☐ No ☐
 - B. Representatives from your foster care and licensing staff to attend periodic meetings with the Jordan Institute, Division of Social Services, and the Foster Care Checklist Advisory Committee
Yes ☐ No ☐
 - C. A contact person from your agency to coordinate participation in the pilot
Yes ☐ No ☐

D. Agency staff, supervisors, and administrators to provide periodic feedback on the checklist and your experiences during the pilot, verbally or in writing, to the Jordan Institute and the Division of Social Services

Yes ☐ No ☐

E. Representatives from your agency to assist in the training of other agencies after the checklist is finalized

Yes ☐ No ☐

F. Agency foster parents to be invited to participate in trainings, meetings, and feedback on checklist.

Yes ☐ No ☐

15. Describe your current documentation practices as they relate to recording visits with children in foster care:

16. Describe your current documentation practices as they relate to assessing safety factors of children in foster care:

17. How willing is your staff to participate in this project:

1	2	3
Very willing	Somewhat willing	Not very willing

18. Briefly describe your participation in other pilot programs:

19. Please include any other comments you wish to make:

Print name of individual completing this form

Signature of individual completing this form

Date

Print name of Agency Director

Signature of Agency Director

Date